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**Testimony for the Appropriations Public Hearing on the Governor's Proposed FY 23  
Budget Adjustments for Health Agencies**

Good Afternoon, Senator Osten, Representative Walker, Vice Chairs Senator Hartley, Representative Dathan, Representative Nolan, Ranking Members Senator Miner, Representative France and members of the Appropriations Committee,

Thank you for the opportunity to provide testimony in support of Appropriations on the Governor's Proposed FY 23 Budget Adjustments for Health Agencies. Connecticut Nurses Association (CNA) specifically wishes to provide comments on appropriations to the Department of Public Health (DPH) and the Department of Mental Health and Addiction Services (DMHAS).

**Local Public Health Infrastructure**

The nation's public health infrastructure and workforce has been underfunded for decades. Federal funds for state, local, and tribal public health preparedness were cut from \$940 million in 2002 to \$675 million in 2019. At the same time, health care emergency preparedness was cut by nearly fifty percent, from \$515 million in 2004 to \$265 million in 2019. This is unacceptable as it is vital that our nation is better equipped with preparedness and response measures, not only during the time of crisis, but also integral to narrowing disparities, improving health outcomes, and reducing disproportionately high morbidity and mortality rates due to preventable illness.<sup>1</sup> While we applaud Connecticut's leadership during the Covid-19 pandemic, the pandemic highlighted challenges within the eroded system, it is clear that critical funding for Department of Public Health programs is necessary. Continued investment in public health infrastructure needs attention and strategy. In CT, many health departments don't

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<sup>1</sup> [https://rnaction.org/sitepages/personal\\_protective\\_equipment.aspx](https://rnaction.org/sitepages/personal_protective_equipment.aspx)

have licensed healthcare providers, many others were understaffed. School districts, specifically school nurses, filled this huge workforce gap by doing contract tracing for children in schools at their own expense.

***The budget does not reflect an investment in the local public health department infrastructure. We hope the state will work with local public health department's health care staff to identify strategies to support public health.***

### **Emergency Preparedness**

A vital component of any disaster preparedness and public health program is adequate resources and supplies. While we applaud the state funding storage and maintenance costs of COVID-19 preparedness supplies (PPE and ventilator storage), the state needs to be prepared for future emergencies. ***It is critical that the legislature ensures ongoing funding of PPE as part of their pandemic preparedness plan to ensure the shortages and resultant harms to healthcare workers that occurred during 2020 are never repeated.***

### **Invest in and Support Current Nursing and Healthcare Workforce**

The state cannot afford to ignore the current healthcare workforce. Nurses work across all specialties and practice settings. From acute care hospitals, long term care, to home care, schools and public health. They play a vital role in promoting health, preventing illness and advancing health equity. The state licenses close to 80,000 RNs a year, with over 55,000 of those nurses living in the state. The nursing workforce is suffering. Fatigue, burnout and moral stress are contributing to staffing issues. Funding must be provided to support healthcare providers through work with professional associations, employers, and academic institutions to develop comprehensive, holistic and long-term solutions to issues related to recruitment, retention, workforce burnout, fatigue, prevention of workplace violence and career enhancement. ***The CT Nurses Association is ready to work across the specialty areas and practice settings to begin to support positive change to address these complex challenges. One-time solutions are simply not the answer, rather comprehensive, evidence-based strategies must be employed and working with experts in the field is the best opportunity to develop meaningful and lasting solutions.***

Health Assistance InterVention Education Network (HAVEN) supports the health and well-being of our Connecticut health professionals through (1) education and prevention, (2) early identification and intervention, (3) referral for evaluation and treatment, and (4) support and accountability. This service supports retaining the healthcare workforce and addresses mental health needs of healthcare workers, to enhance patient safety.

Healthcare provider's pay an additional \$5 with their annual licensing fees to fund HAVEN. The mental health and wellbeing of our healthcare workforce is essential, and *we propose the state contribute an additional \$5 per healthcare provider license to fund this important work. The numbers using this service are dramatically increasing this year, and expected to continue to grow as the mental health impact of the pandemic continues to surface.*

### **Promotion and Retention of Nurses in Primary Care Settings**

CT Nurses Association strongly supports the proposed loan repayment funding for primary care clinicians and behavioral health professionals. We are ready to support the state in disseminating this information to the nursing professionals. The loan repayment program may encourage the nurses to work in primary care settings, as there is a large pay gap between acute care and community-based settings, and the repayment program may relieve the burden of that disparity.

### **Department of Mental Health and Addiction Services**

Regarding appropriations adjustments to the budget for the Department of Mental Health and Addiction Services, CT Nurses Association strongly supports funding to enhance and expand the mobile crisis services to support case management services for individuals awaiting treatment post crisis. Case management services for those who recently experienced crisis potentially serve multiple purposes: 1) case management to navigate the healthcare system to even get access to treatment, 2) a connection to bridge the person into services so they are not disconnected from the process and remain supported and 3) a mechanism to start meeting basic needs so that an individual can then tend to their emotional/behavioral health when the time comes. Crisis doesn't typically happen 'out of

the blue'. There are often multiple confounding precipitating factors and stages of the crisis and each stage of the crisis is an opportunity to intervene and meet needs so that someone has the best chance to engage in treatment when they finally have the opportunity

Sincerely,

Kimberly Sandor, RN, MSN, FNP, Executive Director, CT Nurses Association  
Stephanie McGuire, RN, MSN, APRN, NP-BC, GRC chair